PLUM CITY CARE CENTER			
301 CHERRY STREET			
PLUM CITY 54761 Phone: (715) 647-2401		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/00):	38	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	50	Average Daily Census:	40
Number of Residents on 12/31/00:	38		

Services Provided to Non-Residents	*****	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year 1 - 4 Years	28. 9 57. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	13. 2
Day Services Respite Care	Yes Yes	Mental Illness (Org./Psy) Mental Illness (Other)	34. 2 5. 3	65 - 74 75 - 84	15. 8 26. 3		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	42. 1	************	******
Adult Day Health Care Congregate Meals	Yes Yes	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 0. 0	95 & 0ver	15. 8	Full-Time Equivaler Nursing Staff per 100 Re	
Home Delivered Meals	Yes	Fractures	0.0		100. 0	(12/31/00)	esiuenes
Other Meals	Yes	Cardi ovascul ar	13. 2	65 & 0ver	100. 0	DN	0.4
Transportation Referral Service	No Yes	Cerebrovascul ar Di abetes	26. 3 0. 0	Sex	<u></u>	RNS LPNs	8. 4 8. 9
Other Services	Yes	Respi ratory	0.0			Nursing Assistants	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	21. 1	Male Female	28. 9 71. 1	Aides & Orderlies	35. 3
Provi de Day Programming for	NO		100.0	remare			
Developmentally Disabled ************************************	No	**********	*****	**************	100. 0 *******	 *********************************	******

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay		Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Diem	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	9. 5	\$102. 35	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	5. 3%
Skilled Care	_		\$262.64	$1\tilde{4}$	66. 7	\$87. 83	ŏ	0. 0	\$0.00	11		\$108.00	ŏ	0. 0	\$0.00	$\tilde{27}$	71. 1%
Intermedi ate				5	23.8	\$73. 32	0	0.0	\$0.00	4	26. 7	\$98.00	0	0.0	\$0.00	9	23. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		21	100. 0		0	0.0		15	100.0		0	0.0		38	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Number of Percent Admissions from: Activities of % Totally Private Home/No Home Health 7.8 Daily Living (ADL) Independent One Or Two Staff Resi dents Dependent Private Home/With Home Health 6.3 Baťhi ng **0.** 0 97.4 2. 6 38 Other Nursing Homes 4.7 Dressing 18. 4 78.9 2.6 38 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 79.7 Transferring 28.9 68. 4 2.6 38 38 28.9 68.4 2. 6 1.6 Toilet Use 38 0.0 Eating 71. 1 26. 3 2. 6 ****** Other Locations 0.0 Total Number of Admissions 64 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 5.3 5. 3 Private Home/No Home Health 4.3 Occ/Freq. Incontinent of Bladder 36.8 0.0 Private Home/With Home Health 26. 1 Occ/Freq. Incontinent of Bowel 21. 1 0.0 Other Nursing Homes 1.4 2.6 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 44.9 2. 6 Mobility Physically Restrained 2.6 1.4 23.7 0.0 Other Locations 2. 9 Skin Care Other Resident Characteristics 2. 6 Deaths 18.8 With Pressure Sores Have Advance Directives 89.5 Total Number of Discharges With Rashes Medications 0.0(Including Deaths) Receiving Psychoactive Drugs 42. 1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:			Si ze:	Li ce	ensure:		
	Thi s		pri etary		- 99	Ski l	led	Al l	
	Facility		Group		_		Group	Facilities	
	% " " " " " " " " " " " " " " " " " " "	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80. 0	82 . 5	0. 97	8 7. 3	0. 92	84 . 1	0. 95	$8\overset{''}{4}$. 5	0. 95
Current Residents from In-County	57. 9	83. 3	0. 69	80. 3	0. 72	83. 5	0. 69	77. 5	0. 75
					0. 72		0. 41		0. 73
Admissions from In-County, Still Residing	9. 4	19. 9	0. 47	21. 1		22. 9		21. 5	
Admissions/Average Daily Census	160. 0	170. 1	0. 94	141. 8	1. 13	134. 3	1. 19	124. 3	1. 29
Discharges/Average Daily Census	172. 5	170. 7	1. 01	143. 0	1. 21	135. 6	1. 27	126. 1	1. 37
Discharges To Private Residence/Average Daily Census	52 . 5	70.8	0.74	59. 4	0. 88	53. 6	0. 98	49. 9	1.05
Residents Receiving Skilled Care	76. 3	91. 2	0.84	88. 3	0.86	90. 1	0. 85	83. 3	0. 92
Residents Aged 65 and Older	100	93. 7	1. 07	95. 8	1.04	92. 7	1. 08	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	55. 3	62. 6	0. 88	57. 8	0. 96	63. 5	0. 87	69. 0	0.80
Private Pay Funded Residents	39. 5	24. 4	1. 62	33. 2	1. 19	27. 0	1.46	22. 6	1. 75
Developmentally Disabled Residents	0. 0	0. 8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	39. 5	30. 6	1. 29	32. 6	1. 21	37. 3	1.06	33. 3	1. 18
General Medical Service Residents	21. 1	19. 9	1.06	19. 2	1. 10	19. 2	1. 10	18. 4	1. 14
Impaired ADL (Mean)	36. 8	48. 6	0. 76	48. 3	0. 76	49. 7	0.74	49. 4	0.75
Psychol ogi cal Problems	42. 1	47. 2	0. 89	47. 4	0.89	50. 7	0. 83	50. 1	0.84
Nursing Care Required (Mean)	4. 6	6. 2	0. 75	6. 1	0. 76	6. 4	0. 71	7. 2	0.64